

## MRC Background Questionnaire

1. Have you spent time in jail or prison? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what crime? \_\_\_\_\_

What was the disposition? \_\_\_\_\_

2. Have you ever been questioned during a criminal investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of the law enforcement agency? \_\_\_\_\_

When? \_\_\_\_\_

What was the subject of the criminal investigation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you currently involved in any active police investigation or criminal investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever used an illegal drug? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the following:

Type of Drug(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many times? \_\_\_\_\_

Last date used? \_\_\_\_\_

5. Have you ever sold, traded, or given away an illegal drug? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the following:

Type of Drug(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s)? \_\_\_\_\_

\_\_\_\_\_